

BK 0396 PG 0576

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900

STATE MS. - DESOTO CO.
FILED

JUL 25 2 29 PM '01

WARRANTY DEED

BK. 396 PG. 576
W.E. 201 DE SOTO CO. MS.

Betty C. Bynum, a Single Person
GRANTOR

to:

Randy L. Drury and wife, Pamela S. Drury
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Betty C. Bynum, a Single Person does hereby sell, convey, and warrant unto Randy L. Drury and wife, Pamela S. Drury, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

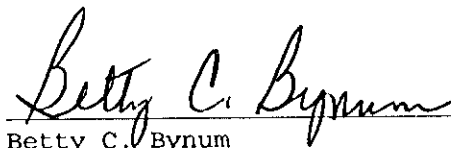
Lot 2244, Section "K", Southaven West Subdivision, in Section 27, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 4, Pages 4-5, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, James M. Bynum, departed this life on 10/3/98 while an adult resident citizen of DeSoto County, MS as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 4, Pages 4-5 and Book 218, Page 358.

Taxes for the year 2001 are to be paid by Grantees and possession is to be given with receipt of Deed.

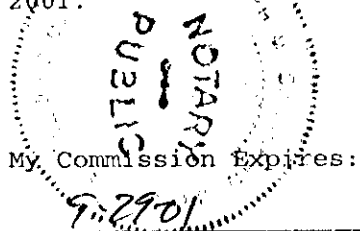
WITNESS the signature of the Grantors, this the 23rd day of July, 2001.

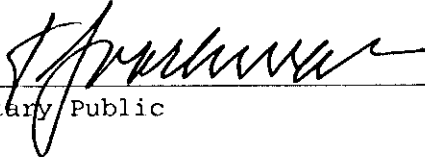

Betty C. Bynum

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Betty C. Bynum, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 23rd day of July, 2001.




Notary Public

GRANTOR'S ADDRESS:

8032 CREEKWOOD CIRCLE W
SOUTHAVEN MS 38671

Work Phone #: 662 895-4141
Home Phone #: 662 393-0150

GRANTEE'S ADDRESS:

7786 Brentwood Drive
Southaven, Mississippi 38671
Work Phone #: 901 274-7303
Home Phone #: 662 280-9390

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 0396 PG 0578

TYPE OR PRINT (WITH BLACK INK)	FILING DATE	CERTIFICATE OF DEATH				STATE FILE NUMBER	123-	
DECEASED	OCT 15 1998	1. NAME		2. SEX	3a. HOUR OF DEATH			3b. DATE OF DEATH (Month, Day, Year)
		James Mackey Bynum		Male	2:00A m.			Oct. 3, 1998
		4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		5b. MOS		5c. DAYS
		White		55 Years				
		6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH				
		May 20, 1943		DeSoto				
		7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INS. SPECIFY INPT., OUTPT., EMER. RM OR OCA		7e. STATE OF BIRTH
		Southaven		7786 Brentwood Drive		N/A		Mississippi
		8. DECEDENT'S EDUCATION (Specify only highest grade completed)		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		10. SURVIVING SPOUSE (If wife, give maiden name)		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
		10-12 12		11-12 12		Betty Moore		No
		12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Kind of work done most of working life)		14b. KIND OF BUSINESS OR INDUSTRY
		American		427-88-8420		Mechanic		Foreman
		15a. RESIDENCE—STATE		15b. COUNTY		15c. CITY OR TOWN		15d. INSIDE CITY LIMITS (Specify Yes or No)
		Mississippi		DeSoto		Southaven		Yes
		15e. STREET AND NUMBER OR RURAL LOCATION		15f. STREET AND NUMBER OR RURAL LOCATION		15g. STREET AND NUMBER OR RURAL LOCATION		15h. STREET AND NUMBER OR RURAL LOCATION
		7786 Brentwood Drive		7786 Brentwood Drive		7786 Brentwood Drive		7786 Brentwood Drive
		16. FATHER—NAME		16. MOTHER—NAME		16. MOTHER—NAME		16. MOTHER—NAME
		Stanley Bynum		Era Butts		Era Butts		Era Butts
		17a. INFORMANT—NAME (Type or print)		17b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		17c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		17d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
		Betty Moore Bynum		7786 Brentwood Drive, Southaven, MS 38671		7786 Brentwood Drive, Southaven, MS 38671		7786 Brentwood Drive, Southaven, MS 38671
		18a. BURIAL, CREMATION, REMOVAL (Specify)		18b. CEMETERY, CREMATORY—NAME		18c. LOCATION (City and State)		18d. EMBALMER—SIGNATURE AND NUMBER
		Burial		Oak Hill Cemetery		Water Valley, MS		FR-0789
		19a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		19c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		19d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
		Twin Oaks Funeral Home 17 T		290 Goodman Road East Southaven, MS 38671		290 Goodman Road East Southaven, MS 38671		290 Goodman Road East Southaven, MS 38671
		20a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)		20b. PRONOUNCED DEAD (Month, Day, Year)		20c. PRONOUNCED DEAD (Month, Day, Year)		20d. PRONOUNCED DEAD (Month, Day, Year)
		Bill W. Baldwin, DCMEI		ON 10/3/1998		ON 10/3/1998		AT 3:30p m.
		21a. CERTIFIER—NAME (Type or print)		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
		Jeffery Pounders		4942 Pounders Road Nesbit, MS 38651		4942 Pounders Road Nesbit, MS 38651		4942 Pounders Road Nesbit, MS 38651
		22a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated		22b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		22c. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		22d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated
		SIGNATURE		SIGNATURE		SIGNATURE		SIGNATURE
		23a. DATE SIGNED (Month, Day, Year)		23b. STATE LICENSE NUMBER		23c. DATE SIGNED (Month, Day, Year)		23d. DATE SIGNED (Month, Day, Year)
		10/8/1998		DeSoto, MS		10/8/1998		10/8/1998
		24a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
		25. PART I: IMMEDIATE CAUSE (Enter one cause only)		25. PART I: IMMEDIATE CAUSE (Enter one cause only)		25. PART I: IMMEDIATE CAUSE (Enter one cause only)		25. PART I: IMMEDIATE CAUSE (Enter one cause only)
		(a) Diabetes Mellitus		(a) Diabetes Mellitus		(a) Diabetes Mellitus		(a) Diabetes Mellitus
		25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I
		26. PART I: IMMEDIATE CAUSE (Enter one cause only)		26. PART I: IMMEDIATE CAUSE (Enter one cause only)		26. PART I: IMMEDIATE CAUSE (Enter one cause only)		26. PART I: IMMEDIATE CAUSE (Enter one cause only)
		(a) Diabetes Mellitus		(a) Diabetes Mellitus		(a) Diabetes Mellitus		(a) Diabetes Mellitus
		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I
		27. PART I: IMMEDIATE CAUSE (Enter one cause only)		27. PART I: IMMEDIATE CAUSE (Enter one cause only)		27. PART I: IMMEDIATE CAUSE (Enter one cause only)		27. PART I: IMMEDIATE CAUSE (Enter one cause only)
		(a) Diabetes Mellitus</						

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

OCT 16 98

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.